

# Activity Kit User Response Form

We want hear from you! Complete this form and fax it to **Nutrition Services Staff** at **703-305-2576** after using the Activity Kit. We will use your thoughts and ideas to improve or modify the materials when possible.

## 1 Who are you? (Check all that apply.)

- |                                                       |                                                        |                                                        |
|-------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Cooperative Extension Agent  | <input type="checkbox"/> Food Stamp Nutrition Educator | <input type="checkbox"/> Farmers' Market Provider      |
| <input type="checkbox"/> Commodities Program Provider | <input type="checkbox"/> Food Bank Provider            | <input type="checkbox"/> Senior Activities Coordinator |
| <input type="checkbox"/> Faith Based Provider         | <input type="checkbox"/> Healthcare Provider           | <input type="checkbox"/> Other _____                   |

## 2 What do you think of the Activity Kit? (Check and rate all the items or activities you used.)

**Very Useful**

**Not Useful**

- |                                                       |   |   |   |   |   |
|-------------------------------------------------------|---|---|---|---|---|
| <input type="checkbox"/> Leader's Guide               | 5 | 4 | 3 | 2 | 1 |
| <input type="checkbox"/> Eat Smart, Live Strong Flyer | 5 | 4 | 3 | 2 | 1 |

- |                                                              |   |   |   |   |   |
|--------------------------------------------------------------|---|---|---|---|---|
| <input type="checkbox"/> Session 1 Skill Building Activities | 5 | 4 | 3 | 2 | 1 |
| <input type="checkbox"/> Session 1 Exercises                 | 5 | 4 | 3 | 2 | 1 |
| <input type="checkbox"/> Session 1 Handouts                  | 5 | 4 | 3 | 2 | 1 |

- |                                                              |   |   |   |   |   |
|--------------------------------------------------------------|---|---|---|---|---|
| <input type="checkbox"/> Session 2 Skill Building Activities | 5 | 4 | 3 | 2 | 1 |
| <input type="checkbox"/> Session 2 Exercises                 | 5 | 4 | 3 | 2 | 1 |
| <input type="checkbox"/> Session 2 Handouts                  | 5 | 4 | 3 | 2 | 1 |

- |                                                              |   |   |   |   |   |
|--------------------------------------------------------------|---|---|---|---|---|
| <input type="checkbox"/> Session 3 Skill Building Activities | 5 | 4 | 3 | 2 | 1 |
| <input type="checkbox"/> Session 3 Exercises                 | 5 | 4 | 3 | 2 | 1 |
| <input type="checkbox"/> Session 3 Handouts                  | 5 | 4 | 3 | 2 | 1 |

- |                                                              |   |   |   |   |   |
|--------------------------------------------------------------|---|---|---|---|---|
| <input type="checkbox"/> Session 4 Skill Building Activities | 5 | 4 | 3 | 2 | 1 |
| <input type="checkbox"/> Session 4 Exercises                 | 5 | 4 | 3 | 2 | 1 |
| <input type="checkbox"/> Session 4 Handouts                  | 5 | 4 | 3 | 2 | 1 |

## 3 Tell us how the materials were useful to you. (Fax additional pages if needed.)

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Turn Over →



**continued**

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Food and Nutrition Service  
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